20 SC

Delbert Hosemann

19 ELECTION CYCLE	SECRETARY OF STATE
s-me Candidate ar	nd Political Committees'
REPORT OF RECE	IPTS AND DISBURSEMENTS
1170	
Candidate's Name /idel (44/4)	ichel
Full Address 5396 S/r/rg	will LOOP-Maridian SOUN
101 493-229	Secretary of State
releptione	Fax)
E-mail KARNICKAL DS-Not. MS. Gol	
Office Sought State Severe UST	33 Political Party (e)
Check here if above is different from previous	report
CHECK Hele II above 13 different in the control of	TYPE OF REPORT
V/	
January 29, 2010 Annual Report (January	1, 2009, through December 31, 2009)
Termination Report (Candidate will no longer a	accept contributions or make campaign Required to terminate reporting obligations
expenditures and has no	mataritating carripting reactions and an arrangement
	IMPORTANT
(1) Pre-Election reports are mandatory, even if no co	ontributions or expenditures have occurred. In such case, the candidate al amount of reported contributions and expenditures during this period.
Intil a Candidate files a Termination Report, ann	rual and periodic reports must still be filed in accordance with Miss. Code
Agg 5 23-15-807 (b) (li) and (iii)	
The municipal clerk must be in actual receipt of the	the required reports by 5:00 p.m. on the reporting day. If the deadline falls actual receipt of the required reports by 5:00 p.m. on the first working day
before the deadline. Faxed reports are acceptab	le.
REPORTED CO	ONTRIBUTIONS AND DISBURSEMENTS
(itemized + no	Calendar
1000	0 0000 0000
Total amount of contributions 8/50	\$ 0/50 \$ 0/50
Total amount of disbursements 1 220	1 1/34.58 \$ 2454.38
1,000	5 3/1/53 42
Total amount of cash on Hand	, 26 40Ci
I certify that there examined this toport and to	the best of my knowledge and belief it is true; accurate, and complete
fide (am Acu	Date 10
Signature of Candidate	Date.
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. (Penalties: Failure to submit required reports, or failure to subm	
Penalties: Failure to submit required reports, in failure to submit result in fines of \$50 per day and/or prosecution in accordance	With Miss. Code Ann. 58 23-13-017 and 0-3 (10-14).
SEND TO: 1.Candidates for statewide, state distr	rict, multi-county and all legislative offices should return form to
604 E76 2010	on, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or
2 Candidates for countywide and cou	unty district offices should return forms to their county Circuit Clerk.

1111	Page	of
Name of Candidate or Committee	emichae/	
Reporting period ////9 through /2	FCEIPTS	
		Amount of each
A Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Adjance America	8,5,09	\$ 50000
Mailing Address 35 N. Church ST		\$
City, State, Zip Serie Porterbore SC	29366 _'_'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	500°
B. Source: Corporation	(Mo., Day, Year)	Amount of each receipt this period
Full name This A ROHOT ASSOC LL	12,21,09	\$ 2500
Mailing Address D Boy 2864		S
City, State, Zip Code 14cKSOH MS 392	07 _'_'	s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$2500
C. Source: () Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven JANZEN	1221.09	\$ 2580
	12 BT314 -1-1-	\$
City, State, Zip Code / DWOOd / 2539	232 -'-'-	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 25000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Power CO. PA	12/2/109	5580°
Mailing Add 200 30X 4079		\$
City, State. Zie Cock IFfor T MS 39	502	s
Name of Employer (Required)	!!	s
Occupation (Required)	Aggregate year-to-date	\$ 5000

11101	Page	of
Name of Candidate or Committee // Ve/ Haycomy	200	
Reporting period through /2/31/90	OTC	
I EMIZED RECEIP	PTS	
A. Source: © Corporation PAC © Individual © Loan © Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name ATT MS PAC	12,8,09	\$ 5000
Mailing Address 75 E. Can 15/5/		\$
City. State. Zip code CKS ON MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	5500
B. Source: (1) Corporation PAC (1) Individual (1) Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Af MnC FNoca Cord Att	1218109	\$ 6000
Mailing Address 430 /BT/Fisage		S
City, State, Zip Co 1/2 1X 75240		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$500°
C. Source: Corporation PAC D Individual El Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nortalk Southern Corp PAR	12,8,00	\$ 2500
Mailing Address Three Charleson Pice	1	\$
City, State, Zip Copie Folk VA 23510		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Author (car Buch Type	85,09	s/000 90
Mailing Address / College He		\$
City, State, To port 1/46 45 500 #- 32301		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$/000

lame of Candidate or Committee	,	
Reporting period //1/10 through 12/31/10		
ITEMIZED RÉCÉIP	TS	
. Source: Corporation ⊕ PAC ⊕ Individual ⊕ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
ull name The Excellence Group, LLC	12,800	\$10000
Talling Addross O. Box 2066	_'_'	\$
Sity, State, Zin Gode SEN, MS 39225		\$
Jame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
3. Source: © Corporation PAC © Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
SPectra DCP	12,800	\$ 5000
Mailing Address P.O. Box 1642		\$
City, State, Zip Code Houston, TX 77251		S
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$5000
C. Source: Corporation PAC D Individual S Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power ASSH OF MS	1218109	\$ 500 9
Mailing Address P.O. Box 3300		\$
City, State, Zip Code Ridge land MS 39158		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$5000
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name /2) atkins of SOUNG	12,800	5/000 a
Malling Address W. CADHO/ ST Suit 20	B _ 1_1_	\$
City, State, Zip Cott Ackson US 39203		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate vear-to-date	\$1000

Page ____

1/2/1	2. 41	Page	of
Name of Candidate or Committee	ALGICIAN/		
Reporting period //// 9 throu	n /2/31/09 RECEIP	TS	
A. Source: Orporation PAC Individual Loa	ın	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Georgia PARILIC		12/2/109	\$ 508 0
Malling Address 10. Box 61270	5	_'_'_	\$
City, State, Zip Coo hoenix 4285	5082	_'_'_	\$
Name of Employer (Required)		_1_1_	\$
Occupation (Required)		Aggregate year-to-date	\$ 5000
B. Source: Corporation PAC Individual D	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Learning Moodsh S	Auts THE	12,2/109	s/000 s
Mailing Address Mt Lawe He	,		S
City, State, Zip Cole Al 3	5242		\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	5/0000
C. Source: PAC Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name First State BANK	4	1221.09	\$ 5000
Mailing Address D. Box 50 (\$
City, State, Zip Eode Way New Boro, 15	39367	_!_!_	S
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 5000
D. Source: Corporation D PAC D Individual D Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name			\$
Mailing Address			\$
City, State, Zip Code			s
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee	Videt Counchel	Page of
Reporting period //1/09	through 12/3//	109

ITEMIZED DISBURSEMENTS

100		
Mailing Address Colleger South	Date (Mo., Day, Year	Amount of each disbursement this perio
0<60 1-55 N JAK	CON GITT	15/32012
City, State, Zip Control (Act Con MS	1	s/ 20 -×0
Purpose of Dispulsement (Optional)	Aggerati	5 1 - 15
B. Full name	Aggregate Year-to-date	1,320%
	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address	1 1	S S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	/_/_	3
	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	(mor, day, 1sar)	disbursement this period \$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate	s
D. Full name	Year-to-date Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code		s
urpose of Disbursement (Optional)		S
Full name	Aggregate Year-to-date	3
talling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Autess	_1_1_1_	\$
ity, Stafe, Zip Code		5
urpose of Disbursement (Optional)		
Full name	Aggregate Year-to-date	s
	Date (Mo., Day, Year)	Amount of each disbursement this period
ailing Address	/_/_	S
ty, State, Zip Code	- /j - /j	s
urpose of Disbursement (Optional)	Aggregate	s
	Year-to-date	